

# SYSTEM OF CARE

SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE  
STAFF: CLARE TOBIN LENCE

## ISSUE BRIEF

### SUMMARY

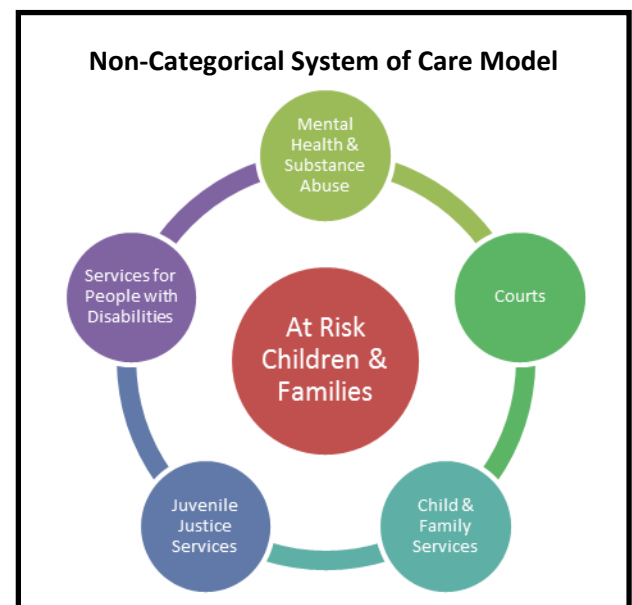
Children, youth, and families involved with the Utah Department of Human Services (DHS) often have complex needs that are not limited to a single division or service. DHS is implementing a “System of Care” approach that the department describes as follows: “DHS’ program is a nationally recognized, evidence based System of Care approach intended to strengthen children, families, and communities that involves coordinating the appropriate DHS and partner services a family needs, rather than requiring the family to navigate services in silos. System of Care is a common-sense approach that is cost-efficient and effective by seamlessly accessing services for families through collaboration with key partners. The approach offers family choice, is youth guided, culturally competent and community based, with a plan focused on sustainable outcomes.”

The following youth-serving divisions within DHS are involved in the integration of System of Care into practice: 1) Child and Family Services (DCFS), 2) Juvenile Justice Services (DJJS), 3) Services for People with Disabilities (DSPD), and 4) Substance Abuse and Mental Health (DSAMH). The effort also involves partner state agencies, local authorities and private providers.

In FY 2015, DHS used a federal grant opportunity to begin implementation of System of Care and will have statewide implementation by June 2017. As of January 2017, System of Care is operational in four of the five DHS regions (Salt Lake, Northern, Southwest, and Western) and has served 92 children and youth. For FY 2016, the average cost per family (or child) is \$19,088. Although currently financed with federal funds, DHS states that the average cost per family should decline with full implementation and that the program should become self-sustaining by decreasing the need for the department’s most intensive and costly services.

### PROGRAM BACKGROUND

Key features of System of Care are that children and families have access to services that are: “1) available within their community or neighborhood; 2) delivered in the least restrictive, most clinically appropriate and normative environment; 3) responsive to the individual strengths, needs, and cultures of the child/family; 4) comprehensive and coordinated to address multifaceted needs; 5) responsive to the impact of trauma in the lives of children, youth, and their families; 6) available at the earliest possible time to improve outcomes; and 7) inclusive of the child, youth, and their families and incorporates their natural support system. Under System of Care, DHS will move from a categorical (silo) approach of service delivery to a non-categorical (population of focus) approach” (see Figure 1).



**Figure 1.** Source: Department of Human Services

**FUNDING SOURCES AND EXPENDITURES**

To implement System of Care, DHS utilizes all federal funding: a “System of Care” grant through the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and Temporary Assistance for Needy Families (TANF) funds from the Department of Workforce Services. These grants allow funds to be carried over from year to year for the full period of the grant. FY 2018 funding is expected to be \$3,471,100, which will provide sufficient funding for fulfilling the federal grant expectations. The long-term objective of System of Care is to reduce the number of clients with repeated engagements with the highest levels of care, which DHS expects will result in savings that can be reinvested to fund System of Care efforts after federal funding has expired.

System of Care Funding Sources -- FY 2018		
Funding Source	FY 2018	
Federal Funds		
SAMHSA System of Care	4,000,000	Over 4 year period
TANF	3,400,000	Over 3 year period
Transfers (Match)	500,000	
	<u>7,900,000</u>	

Table 1

Expenditures have increased over time as the program has been implemented across the State. FY 2018 expenditures represent the anticipated full cost of program implementation. In FY 2016 expenditures were \$19.088 per child on average – over time, DHS expects that the incremental increase in individuals served will reduce the average costs.

System of Care Expenditures -- FY 2015 - FY 2018							
Expenditures		Actual Expenses FY 2015	Actual Expenses FY 2016	Estimated Expenses FY 2017	Estimated FTE FY 2017	Budgeted Expenses FY 2018	Budgeted FTE FY 2018
							Personnel, client services, travel, management, technology, finance, contracts
SAMHSA	KAA	134,000	1,017,992	2,195,900	4	1,754,500	4
TANF	KAA	45,500	394,526	1,564,700	20	1,716,600	20
TOTAL	KAA	179,500	1,412,518	3,760,600	24	3,471,100	24

Table 2

**IMPLEMENTATION**

DHS anticipates implementation by June 2017. As of January 2017, System of Care is operating at full capacity in the Western and Northern Regions, at 80% capacity in the Salt Lake Region, and at 60% capacity in Southwest Region. Implementation in the Eastern Region has recently begun.

In order to implement an effective System of Care, DHS believes it must make changes in the following areas: “1) *Policy* by impacting system design, treatment capacity, financing, regulations, and rates; 2) *Management* by enhancing data systems, organizational capacity, quality improvement, and human resource development; 3) *Frontline Practice* by improving assessment, care planning, care management, and services and supports; and 4) the *Community* by enhancing partnerships with families, youth, natural helpers, education, faith-based organizations, businesses, physical healthcare, and other social service agencies.”

DHS has established a State Advisory Council to provide governance and oversight. The membership of this Council is comprised of two Deputy Directors from the Department of Human Services; Directors from Division of Child and Family Services, Division of Juvenile Justice Services, Division of Services for People with Disabilities, Division of Substance Abuse and Mental Health; and representatives from business/local community; education; faith-based organization; family member/family advocacy organization; Department of Health (Medicaid/health disparities); healthcare (to include primary care); Juvenile Court; law enforcement; local providers/refugee population; Substance Abuse/Mental Health Local Authorities (1 urban, 1 rural); federally recognized tribe; Office of Rehabilitation; Department of Workforce Services; and youth (up to age 26) /advocacy organization.

### **TARGET POPULATION**

System of Care's target population includes children and youth that are: 1) younger than age 22, 2) have behavioral or emotional concerns and complex needs, 3) have received services or are at risk of receiving services from two or more DHS agencies, and 4) have been placed out-of-home or are at risk of being placed out-of-home, including inpatient hospitalization, residential treatment programs, group homes, and child welfare/juvenile justice placements.

As of January 2017, 92 youth have been served through System of Care. Of these youth, all had behavioral or emotional concerns, 72 percent had been in out-of-home placements prior to enrollment in System of Care, and 93 percent had been involved with two or more DHS agencies. In addition to the 92 identified clients, 100 siblings and 123 caregivers also received services through System of Care.

During FY 2015, a total of 1,348 youth had involvement with two or more DHS agencies and were in out-of-home placements. Once fully implemented, System of Care will serve 130 clients from the target population at any point in time. Regional Advisory Councils, community partners, and social marketing are focused on ensuring that the youth and families with the greatest needs are referred to and enrolled in System of Care.

### **MEASURES OF SUCCESS**

DHS will measure System of Care success at individual, family, and system levels. At the individual level, success is measured through decreases in rates of drug and alcohol use (22 percent of clients had never used illegal substances when they started the program, after six months in System of Care there were no new users); increases in social connectedness (50 percent of clients indicated satisfaction with their social connections when they started the program, after six months in System of Care 70 percent of clients indicated satisfaction with their social connections); increases in living stability (79 percent of clients had a stable place to live when they started the program, after six months in System of Care 84 percent of youth had a stable place to live); and maintained engagement with formal education and/or the workforce (all clients scheduled for high school graduation while receiving services from System of Care graduated and 10 of the 38 clients age 16 or older became employed).

At the family level, success is measured through increases in formal (e.g., therapist, caseworker) and informal (e.g., teacher, neighbor, grandparent) supports. The department reports that the percentage of families with satisfactory formal supports increased from 47 to 80 percent and the percentage of families with satisfactory informal supports increased from 33 to 47 percent after six months in the program. System-wide success will be measured through the increased percentage of DHS-involved youth who are served in their homes or in community-based programs rather than in more restrictive and costlier settings such as juvenile detention centers or psychiatric facilities. System-wide success will also be measured through a reduction in overall repeat youth engagements with DHS's most restrictive services.